SENIORS NEED TO KNOW

BY IRWIN A. HERMAN, MD

A relatively new concept in health care delivery systems has been making its way through the medical community over the past several years and may, in time, become the future of medicine. This concept is currently known as the Patient Centered Medical Home (PCMH), an idea first conceptualized primarily by family practitioners and pediatricians and being promoted by the American Academy of Family Practice (AAFP).

This concept of the PCMH is being actively studied by various research groups as well as by the federal government and many of the other medical specialty communities as a way to provide cost effective quality medical care in a culturally comfortable environment. The "Home" as it is pictured here is not a specific site or structure but refers to our own defined space that we occupy at any given time, be it our own home, a community development or in a shared facility such as living with a parent or a child.

The Medical Home is also undergoing evaluation of a number of different models designed to see which method will integrate and transition more readily into our current health care delivery system with the least interruption in doctor patient relationships and in the most cost effective way. So, what exactly is this concept and how will it affect us?

As envisioned and defined by the AAFP, its principle is providing primary patient responsibility from the first contact through continuous and comprehensive care to end of life issues. This entails the use of a team approach under the guidance of a primary care giver, for instance a family practitioner or internist and incorporates, among others, nurse practitioners (NP), gerontologists, medical specialists, hospitals, hospice providers as well as the usual office staff who are often the first contact and who can set the tone of the given practice. In essence, the primary care giver is the quarterback leading all the others in a coordinated approach to providing the best quality care available for the betterment of the patient, namely you.

This approach includes expanded access often described as 24/7 care, with open scheduling, an increase in available office hours, increased communication using all available methods and increased quality and safety through the availability of modern information technology (IT). And all at a reduced cost to the health care system and payers.

How is this all possible at a reduced cost? It has been shown that by using the "high touch" method of providing care, that is personal contact with a team member, there is a greater degree of monitoring and preventive care which in turn has led to a decrease in high cost care such as emergency room visits and in-hospital admissions and care. Along with providing early care and treatment for a given condition, let's consider pneumonia for instance, this approach may avoid more costly treatments later on and lead to increased patient satisfaction as well. So it becomes a win-win situation for all involved.

Of course, there are other considerations that must be resolved as well, two of which are the decreased number of primary care providers and the lower reimbursement rates that these providers have to deal with. As regards to the first problem, recent data of medical residency training programs shows an increase in the number of applicants for primary care residencies among medical school graduates, and the second problem can be resolved by showing evidence of decreasing high care cost centers (ER and hospitals) so that there can be a shift of resources to provide more compensation to the primary care providers commensurate to their value in the health care system. A goal long overdue.

Hard to say when this will become mainstream, but you can probably bet that it's in the future, so keep your eyes and ears open for PCMH and you may find that wherever you are has just become a real "Medical Home."

The Older Adult Advisory Commission is responsible for advising the Department of Health and Human Services and the Board of Supervisors on the needs of Placer County's older adults. Meetings are held the 3rd Tuesday at 1:00 PM. More information may be found online at:

http://www.placer.ca.gov/Departments/hhs/adult/OlderAdultAdvisoryCommission.aspx or by calling the Public Authority at (530) 886-3680.